TRA		XPENSE CLAIM	(COP				Y		MA	LST/-	Page	Page 1 of 1Pages				
STD 262 A (REV. 5/31/00) Department of Child Support Services  CLAIMANT'S NAME							SSN OR EMPLOYEE NUMBER						DEPARTMENT			
Jan C. Sturla							Child Support Services							es .		
POSITION CB/ID NUMBER						DIVISION OR BUREAU INDEX NUMBER										
Director Exempt						Executive						11	10	-		
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS ·						TELEPHONE NUMBER			
							11120 International Drive									
DITY STATE ZIP CODE						CITY STATE										
							<del></del>	o Cordo			CA			741		
(1) MONTH/YEAR (3)		(3)	(4)	(5) MEAL	.S O.T., L/T		(6)	(7) TRANSPORTATION (A) (B)		TION (C)	<del>                                     </del>	(D)	(8)			
	r-09	LOCATION		DDEAK		N/C, RELO.	INCIDEN	''		CARFARE,	PRI	VATE CAR			TOT: EXPENSI	
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDEN TALS	- COST OF TRANS.	TYPE	1	MILES	USE AMOUNT	BUSINESS EXPENSE	ı	FOR D	
l-Mar		State Capitol							sc	3.00		\$0.00	· · · · · · · · · · · · · · · · · · ·		\$3.0	
-iviai	10,00	Otato Oupitoi					l	-	-	0.00						
			ļ					-		<u> </u>	/	\$0.00		·	\$0.0	
-Mar	12:30	1600 9th Street, Sacamento							PC	·11.25		. \$0.00			\$11.2	
									-			\$0.00			\$0.0	
-Mar	13.30	State Capitol							PC	6.00		\$0.00	,		\$6.0	
-iviai	13,30	Otate Gapitor	<del> </del>				-	<u> </u>	1 0	0.00						
			·		·					ļ		\$0.00		;	\$0.0	
1-Mar	8:30	925 L Street, Sacramento			·				PC	9.00		\$0.00			\$9.0	
												\$0.00			\$0.0	
	40,00	State Canital							PC	3.00		\$0.00			\$3.0	
5-Mar	13.30	State Capitol							170	3.00						
		`							<u> </u>	<u> </u>		\$0.00			\$0.0	
	,				-							\$0.00			\$0.0	
												\$0.00			\$0.0	
			-				<u> </u>	<del> </del>					;		\$0.0	
			<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>	ļ·········	<u> </u>			\$0.00		· ·	···	
					<u> </u>			ļ	· ·			\$0.00			\$0.0	
		÷										\$0.00			\$0.0	
*		• .			.	e.						\$0.00			\$0.0	
				:												
		<u> </u>						ļ				\$0.00		-	\$0.0	
10) \$	Subtota	ls	0.00	0.00	0.00	0.00	0.00	0.00	<u> </u>	\$32.25	0	\$0.00	\$0.00		\$32.2	
										•	CL	AIM TOT	AL		\$32.2	
		TRIP, REMARKS AND DETAILS (Atta										,		_	- 7	
		3/25 met with members of the I	-	•	neeting	at CHHS for a	II Directo	ors;				•			L	
717 6	illia Supi	port Directors Association Boar	a Meaning	3											•	
٠.	•	•								•	•					
2) NO	RMAL WO	RK HOURS	PCA	PRO.	JECT	WORK	OBJ AO	AMOUNT	OBJ	AO AMOUN	√T OBJ	AO AMOUNT	OBJ AO	AMOUNT	TOTAL	
		7a-5p	41110			PHASE	0.00	1 1 2 1 2		,				L~3	1. 2.	
(3) PR	VATE VE	IICLE LICENSE NO.					296	32-5						201		
			· .					<u> </u>			_					
4) MIL	EAGE RA	TE CLAIMED							<u> </u>				_	<del>70</del>		
		\$0.55												<u>N</u>	1777	
ÄĞ	and the law is a	COUNTING OFFICE USE ONLY											_		5.4	
	PAID B	Y REV. FUND CHECK NO.												7	150	
			TOTAL	s						.				**		
5) I HEI	REBY CER	TIFY That the above is a true statement of	the travel exp	enses incu	rred by ma	in accordance with	n DPA rules	in the service	of the S	tate of Californi	a. If a private	l I I I I I I I I I I I I I I I I I I I	as used, an	d]f mileage	rates	
ceed t	ne minimur	n rate, I certify that the cost of operating	the vehicle v	was equal	to or great	ler than the rate cl	aimed, and	that I have r	net the	requirements a	as prescribed	by SAM Sections	0750, 075	1, 0752, 07	753 and 0	
		e safety and seat belt usage.														
ertainin	NT'S SIGN	NATURE //				DATE,	(F16) SIG	NATURE OF	OFFIC	ER APPROV	NG TRAVE	L AND PAYMEN	DAT	٠,	,	
rtainin		VATURE				DATE AA	(F16) SIG	NATURE OF	OFFIC	ER APPROVI	ING TRAVE	L AND PAYMENT	r DATI	1/.	/	

\_\_\_\_\_

/